Employee Post-Travel Disclosure of Travel Expenses

Date/Time-Stamp:
SECRETARY OF THE SENATE
PUBLIC RECORDS

2019 APR -4 AM 11: 46

Form RE-2

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

(Revised 1/3/11)

□ The original Employee Pre-Travel Authorization (Form RE-1), AND □ A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.) Consumer Technology Association Travel date(s): 1/7/2019-1/9/2019 Name of accompanying family member (if any): Relationship to Traveler: Relationship to Traveler:	-	tule 35.2(a) and (c), I more or me. I also certify that	_	osures with respect to	travel expenses that have been or wil		
Private Sponsor(s) (list all): Travel date(s): 1/7/2019-1/9/2019		ate Sponsor Travel Cer	tification Form with al	l attachments (itinerar	y, invitee list, etc.)		
1/1/2019-1/9/2019 1/1/2019	Private Sponsor(s) (lis	Consumer Teest all):	chnology Association	on	··· ·· · · · · · · · · · · · · · · · ·		
Relationship to Traveler: Spouse Child IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) Expenses for Employee: Transportation Expenses Lodging Expenses Meal Expenses (Amount & Description) Good Faith airfare=\$634.60 ground transport =\$100 Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Expenses Meal Expenses (Amount & Description) Good Faith Expenses Meal Expenses (Amount & Description) Good Faith Expenses (Amount & Description) Good Faith Expenses (Amount & Description) Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Signature of traveler)							
IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) Expenses for Employee: Transportation Expenses Lodging Expenses	•	-	· · · · · · · · · · · · · · · · · · ·				
INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.) Expenses for Employee: Transportation Expenses Stimate	Relationship to Trave	ler: Spouse (Child				
Transportation Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses Code Expenses E	INCLUDE LODGING	COSTS IN EMPLOYEE			-		
Estimate ground transport =\$100 Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Expenses Meal Expenses Other Expenses (Amount & Description) Good Faith Estimate Actual Amount Amount Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Estimate Actual Amount See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Estimate Actual Amount See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Estimate Actual Amount See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Estimate Actual Amount See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Expenses See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Expenses See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Expenses See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Good Faith Expenses See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.):	Emperises for Empro.	Transportation	Lodging Expenses	Meal Expenses	-		
Expenses for Accompanying Spouse or Dependent Child (if applicable): Transportation Lodging Expenses Meal Expenses Other Expenses (Amount & Description) Good Faith Estimate Actual Amount Actual Amount Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.):		1 -	\$848 plus tax	· · · · · · · · · · · · · · · · · · ·	·		
Transportation Expenses Meal Expenses Other Expenses (Amount & Description) Good Faith Estimate Actual Amount Frovide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if Recessary.): Recessary.):	☑ Actual Amount						
Cood Faith Estimate Actual Amount Cood Faith Estimate Cood Faith Cood Faith	Expenses for Accom						
Estimate Actual Amount Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if flecessary.): Co Co Co Co Co Co (Printed name of traveler) (Signature of traveler)		·	Lodging Expenses	Meal Expenses	•		
Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if finecessary.): Columbia							
CD C	☐ Actual Amount						
6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6) 6		of all meetings and ev	ents attended. See Sena	te Rule 35.2(c)(6). (A	ttach additional pages if		
19/24/19 Elen 5. Beares Ulm 5. Beares (Signature of traveler)	C						
TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:							
	TO BE COMPLETE	D BY SUPERVISING	MEMBER/OFFICER:				
I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.		-			A •		
(Date) (Signature of Supervising Senator/Officer)	4.4.19 (Date)	<u>. </u>		(Signature of Super	vising Senator/Officer)		



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Date/Time Stamp:

RECEIVED

SECRETARY OF THE SENATE

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	ule 35.2(a) and (c), I more me. I also certify that		osures with respect to	travel expenses that have been or wi
_	ployee Pre-Travel Auth vate Sponsor Travel Co	•	, : 	nerary, invitee list, etc.)
Private Sponsor(s) (lis	st all): Consumer Techn	ology Association		
Travel date(s): 1/7/20	1/9/2019			· · · · · · · · · · · · · · · · · · ·
Name of accompanying Relationship to Trave	ng family member (if an eler: □Spouse □C	y): hild	· · · · · · · · · · · · · · · · · · ·	
	COSTS IN EMPLOYEE I			ISE OR DEPENDENT CHILD, ONLY ry.)
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Good Faith Estimate ØActual Amount	\$734.60 Airfare = \$634.60 Ground Transportation = \$100	\$848 plus tax	\$208 plus tax and gratuity	\$100 conference registration fee
Expenses for Accom	panying Spouse or De	pendent Child (if applie	cable):	
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith [.] Estimate ØActual Amount				
Provide a description necessary.):	of all meetings and eve	ents attended. See Sena	te Rule 35.2(c)(6). (A	Attach additional pages if
ease refer to the traveler	attached schedule.			
TO BE COMPLETE	D BY SUPERVISING	eares ame of traveler) MEMBER/OFFICER:	·	(Signature of traveler)
I have made a determi		s set out above in com	ections with travel de expenses as define	escribed in the <i>Employee Pre-Travel</i> d in Rule 35.
,		YMADA"	La company	

(Revised 1/3/11)

(Signature of Supervising Senator/Officer)